



CHILDREN'S ADMINISTRATION (CA)

TERMINATION OF FOSTER HOME LICENSE

The _____ of _____, Washington
Name of Private Agency City

Has terminated the use and supervision of the foster home of:

and

Last Name, First Name

Last Name, First Name

Who reside at:

Number or Box

Street or Route

City

for the following reason(s):

- ☐ Adoption completed
- ☐ Changed agency or licensing type
- ☐ Dissatisfied reason:
- ☐ Family circumstances have changed
- ☐ No longer interested
- ☐ Particular child left home
- ☐ Could not meet licensing requirements

Agency Executive or Designee Signature

Title

Date

TERMINATION OF FOSTER HOME LICENSE
DSHS 10-017 (REV 03/2001)